



## Secondary Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:  City / Town:

PWS Name:  PWS Class: COM ☐ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	
B		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	
	<b>Routine or Special Sample</b>	<b>Original, Resubmitted or Confirmation Report</b>	<b>If Resubmitted Report, list below:</b>	
			<b>(1) Reason for Resubmission</b>	<b>(2) Collection Date of Original Sample</b>
A	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
<b>SAMPLE NOTES</b> – (Such as, if a Manifold/Multiple sample, list any sources that were on-line during sample collection).				
A				
B				

## II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #:  Primary Lab Name:  Subcontracted? (Y/N)

Analysis Lab MA Cert. #:  Analysis Lab Name:

Compound	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)			0.3				
MANGANESE (mg/L)			0.05*				
ALKALINITY (mg/L as CaCO <sub>3</sub> )			None				
CALCIUM (mg/L)			None				
MAGNESIUM (mg/L)			None				
HARDNESS (mg/L as CaCO <sub>3</sub> )			None				
POTASSIUM (mg/L)			None				
TURBIDITY (NTU)			None				
ALUMINUM (mg/L)			0.2				
CHLORIDE (mg/L)			250				
COLOR (C.U.)			15				
COPPER (mg/L)			1				
ODOR (T.O.N)			3				
pH			6.5-8.5				
SILVER (mg/L)			0.10				
SULFATE (mg/L)			250				
TDS (mg/L)			500				
ZINC (mg/L)			5				
* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.							
<b>LAB SAMPLE NOTES</b>							
A							
B							

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	Review Comments	<input type="checkbox"/> WQTS Data Entered
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